SUBMIT: COMPLETED APPLICATION, TAX Bäyfield County
Planning and Zoning Depart.
PO, Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN

Date Stand (Received)

AUG 2 7 2014

AUG 272014

Permit #: Date: Refund: Amount Paid: \$\$ 16. 16. 10. 82811

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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Baylield Co. Zoning Dept.

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芦Non-Shoreland	□ Shoreland —	e e	Section	NW 1/4, NW 1/4	PROJECT LOCATION	Harvey /	uthorized Agent: (P	Contractor: Self	6030 M	Address of Property:	mace E	Owner's Name:	YPE OF PERMIT R	NOT START CONSTRU
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Township 47 N, Range 9	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Hnderson 715	Authorized Agent: (Person Signing Application on behalf of Owner(s))	イ	6030 Mitchell Rd	*53***	Grace Baptist Church	MMA-5	TYPE OF PERMIT REQUESTED-> X LAND USE - SA	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
	ke, Pond or Flowage If yescontinue →▶	er, Stream (incl. Intermittent) If yescontinue	_ W Town of:) CSM Vol & Page	PIN: (23 digits) 04- 0 み ネー ユー・イ フーの	372-4322	Agent Phone:	Contractor Phone:	iver,	City/State/Zip:	P.O. Box 356	Mailing Address:	☐ SANITARY ☐ PRIVY ☐	JAPPLICANT.
	Distance Structure is from Shoreline:	Distance Structure is from Shorelin	Tughes	Lot(s) No. Block(s) No.	PIN: (23 digits) Recorded Document: (i.e. Property Ownership) 04-022-7-47-09-01-203-000-3000 Volume 205 Page(s) 130		Agent Mailing Address (include City/State/Zip):	Plumber:	WI 54847		6 Hron River, WH	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL	
	7	e: feet	Lot Size	Subdivision:	Recorded Docume Volume 205		State/Zip):				E	44847	JAL USE 🛮 B.O.A.	
		Is Property in Are Wetlands Floodplain Zone? Present?	Acreage 4.0		nt: (i.e. Property Ownership) Page(s)	Attached ∀ Yes □ No	Written Authorization	Plumber Phone:		Cell Phone:	372-4110	Telephone: 715).A. 🗆 OTHER	

Proposed Construction:	Existing Structur						000	Λ -		of Completion * include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to it)			Property	□ Run a Business on	Relocate (existing bldg)	☐ Conversion	□ Addition/Alteration	New Construction	Project
	r is relevant to it)			☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	↑ 1-Story	# of Stories and/or basement
Length:	Length:							🖈 Year Round	☐ Seasonal	Use
O					✓ None		П 3	□ 2		# of bedrooms
Width: /4 Height:	Width: Height:	***************************************	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: 601	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
16'	, ,					<u>.</u>		_ Xwell	☐ City	Water

the state of the s				
Proposed Use	•	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	(x)	
		Residence (i.e. cabin, hunting shack, etc.)	(x)	
		with Loft	(x)	
Residential Use		with a Porch	~ ×	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		with (2 nd) Porch	(x)	
		with a Deck	(x)	
		with (2 nd) Deck	(x)	
X Commercial Use		with Attached Garage	(x)	
2000		Bunkhouse w/(\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
C I		Mobile Home (manufactured date)	(x)	
Secretarial Staff	į 🗆	Addition/Alteration (specify)	(x)	
	X	Accessory Building (specify) QQ/QQC	(14 × 20)	28
Bar'd for lessiance		Accessory Building Addition/Atteration (specify)	(×)	
2000			,	
Control of the Contro		Special Use: (explain)	(X)	
		Conditional Use: (explain)	(X)	
Secretarial Staff		Other: (explain)	(x)	
A STATE OF THE STA				

FAILURE TO OBTAIN A PERMIT OUT A PERMIT ON WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) (we) are examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

(If you are signing op behalf of the owner(s) a letter of authorization must accompany this application)	Authorized Agent: Market Market	(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	Owner(s):
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Address to send permit

Same

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albuc

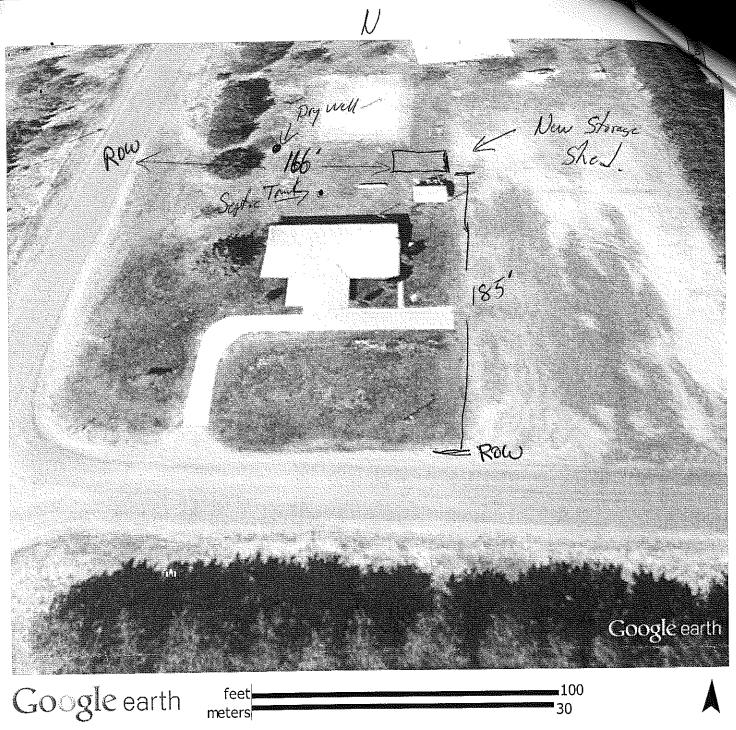
Date Ø NOW. Date

Attach Copy of Tax Statement Copy of Tax Statement If you recently purchased the property send your Recorded Deed

old For Sanitary: Hold For TBA:	ector:	he used for he	8	tall	100	Was Parcel Legally Created	Sranted by Variance (B.O.A.) LYes メNo Case #:	Is Parcel a Sub-Standard Lot WYes (Deed of Re Is Parcel in Common Ownership Yes (Fused/Con Is Structure Non-Conforming Yes	Permit #: /4-03S/	Permit Denied (Date):	NOTICE: All Land Use Permits Expire One (1) Year from For The Construction Of New One & Two Family Dwelling: ALL N The local Town, Village, City, State or F	rior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proponarised by a licensed surveyor at the owner's expense.	Prior to the placement or construction of a structure within ten (10) feet of the minimum the previously surveyed corner or marked by a licensed surveyor at the owner's even	Setback to Drain Field Ory WWW.	Cobbook to County Table 1 1 1 1 1 1 1 1 1	Setback from the South Lot Line Toxy Of Setback from the West Lot Line His power for Constitution of the Setback from the East Lot Line	Setback from the North Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description /	(8) Setbacks : (measured to the closest point)	Please complete (1) (7) above (prior to continuing)			0	 (2) Show / Indicate: North (3) Show Location of (*): (*) D (4) Show: Control of (*): All E (5) Show: (*) W (6) Show any (*): (*) W (7) Show any (*): (*) W
Hold For Affidavit:		man habitation	ttached? Tes I No (If No they need to	setende		□ No Were	Previous		Permit Date: 9-24-14	Reason for Denial:	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: Sanitary Number:)} feet but less than thirty (30) feet from the minimun r, or verifiable by the Department by use of a correct	I'm required setback, the boundary	Feet	1 3 Cm reet	N/A Feet	350,4 Feet	310 → Feet Setb	Measurement	losest point)	inuine)		Ć	see attachment	North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Fees:		No water under	(AL) ed to be attached.)		was property surveyed	Were Property Lines Represented by Owner	Previously Granted by Variance (B.O.A.) □ Yes 🗷 No	Mittigation Required ☐ Yes KNo Mittigation Attached ☐ Yes KNo			The Date of Issuance if Construction or Use has not beginnicipalities Are Required To Enforce The Uniform Dwiederal agencies may also require permits. # of bedrooms: Sanit	m required setback, the boundary line from which the compass from a known corner within 500 feet of	line from which the setback must be measured must be	Setback to Well	ation of Floodplain	Setback from Wetland 20% Slope Area on property	pack from the Bank or Bluff	Setback from the Lake (ordinary high-water mar Setback from the River, Stream, Creek	Description	Changes in plans must be approved					ne Frontage Road) in Field (OF); (*) Holding Tank (HT) a *) Pond
文イオへたパナて	DateOf Applesval	pressur in stricture	Date of Re-Inspection:	Lakes Classification (////)	ex res	X Yes		Affidavit Required ☐ Yes ♥No Affidavit Attached ☐ Yes ▼No			nk (HT), Privy (P), and Well (W). not begun, orm Dwelling Code.	re setback must be measured must be visible from the proposed site of the structure, or must be	be visible from one previously surveyed corner to the	50+ Feet	₩ Feet	NH Feet □ Yes ⊠ No	10/14	iter mark) WH Feet	Measurement	pproved by the Planning & Zoning Dept.					nd/or (*) Privy (P)

cbelow: Draw or Sketch your Property (regardless

of what you are applying for)



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

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Permit #: Amount Paid: #125 B185

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RUCTIONS: No permits will be issued until all fees are paid.	Config Dapt.	Refund:
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VOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	D TO APPLICANT.	

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	×			A STATE OF THE STA	ALL LINE AND THE PARTY OF THE P	Conditional Use: (explain)	Condition			
		-	Water Street, Control of the Control			Special Use: (explain)	Special Us			
	< -	-		a maria de la companione de la companion	- Control of the Cont					
		-	Within	- Constitution of the Cons	acciation (specify)	Accessory barrells Addition (about)	Accessor			
	×			7	Iteration (specify)	Building Addition/2	Accesson			
L 120	こ 次 が ×	1/1	101	a arbor	INEQQI110	l	Accessory Building	×	Municipal Use	
	×					Addition/Alteration (specify)	Addition/			
	×	_	Manual Control of the	MALE TO THE TANK THE	te)	Mobile Home (manufactured date)	Mobile Ho			
	: ×		cooking & food prep facilities)		sleeping quarters, o	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	Bunkhous			
A A A A A A A A A A A A A A A A A A A	* *			ļ	age	with Attached Garage	- Charles		Commercial Use	
	< >				9.00	with (2") Deck				
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	×	-				with a Porch			Residential Use	
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	×	_			hack, etc.)	(i.e. cabin, hunting shack, etc.	Residence			
	X)				ure on property)	Principal Structure (first structure on property)	Principal S		e franchist franchist and the first franchist	
Square Footage	Dimensions	Dim		e	Proposed Structure			۲,	Proposed Use	
	Height:		Width:		Length:				Proposed Construction:	
	Height:		width:		Length:	is relevant to it)	ng applied for	rmit beir	Existing Structure: (if permit being applied for is relevant to it)	
			□ None	The state of the s	The state of the s	The state of the s				Γ
		let				☐ Foundation		Property	Pro	
	act)	service contra	☐ Portable (w/service contract)	🛭 None		□ No Basement	ness on	Run a Business on	□Ru	
lon)	Vaulted (min 200 gallon)	1 .	☐ Privy (Pit) or			☐ Basement	Relocate (existing bldg)	ocate (e		
	Type: (644	sts) Specify	Sanitary (Exists) Specify Type:	□ 3		☐ 2-Story	_	☐ Conversion		
_ Xwel	ype:	Iry Specify Type:	☐ (New) Sanitary	□ 2	★ Year Round	☐ 1-Story + Loft	☐ Addition/Alteration	dition/A	1	
□ City		1	☐ Municipal/City	<u>1</u>	☐ Seasonal	↑ 1-Story	New Construction	w Const		
W A	roperty?	Is on the property?	ls o	of bedrooms	Use	and/or basement	•	<u>.</u>	* include donated time & material	
\$	9	What Type of		**************************************		# of Stories	1	Project	Value at Time of Completion	
								-	Non-Shoreland	
X No	X No	_ feet			If yescontinue	I4 ye		1		
□Yes	☐Yes		cture is from Shoreline :	Distance Structure	d or Flowage	s Property/Land within 1000 feet of Lake, Pond or Flowage	/Land within	roperty	□ Shoreland —▶ □ Isl	
Are Wetland Present?	ls Property in Floodplain Zone?	ř	Distance Structure is from Shoreline :	Distance Stru	im (ind. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	/Land within dward side of	roperty, k or Lanc	□ Is	
40	4			values	F	N, Range W	47	, Township	Section 4	
ige	Acrea	Lot Size			Town of:	101	4	200		工
	arm may A A A A A A A A A A A A A A A A A A A	Subdivision:	Block(s) No.	Lot(s) No.	/ Vol & Page	77-	Gov't Lot	1/4 //	1, SW	
Page(s) 165	Page	Volume /	04-600-11000		04-04プーナーイア・ロターロース	(Use Tax Statement) PIN: (2		Legal Description:	PROJECT Lega	
Attached Yes XNo	Attache				No to the contract of the cont					
Written Authorization	Written	ite/Zip):	Agent Mailing Address (include City/State/Zip):	ent Mailing Ado	Agent Phone: Ag	_	(Person Signing Application on behalf of Owner(s))	ning Applic	17	
Phone:	Plumber Phone:			Plumber:		Contra			Contractor:	~ K
716-813-068	7.5		77847	予で	HERRISE	+ A S	<i>S</i> _	十		5 3
372-536/ ell Phone:	 ດ	I 54847	HONKING! WI	<u></u>	OMitchell	Andgreen 6330	2) eljoral	4	
Telephone: 7/5			City/State/Zip:	City/t	- 1	Mailin		_	Owner's Name:	<u> </u>
OTHER	□ B.O.A. □		CONDITIONAL USE SPECIAL USE	CONDITIONAL	5 m	USE SANITARY PRIVY	X LAND USE	ĒD ₩	TYPE OF PERMIT REQUESTED—▶	_

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County elying on this information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any day able time for the purpose of inspection. Owner(s): 🔨 Authorized Agent: the Deed All Owners must sign or letter(s) of authorization must accompany this application) ner(s) a letter of authorization n Date Date 17-14

Address to send permit

6330

Mitchell

Vart

m must accompany this a

WI

1 S4847 Copy of Tax Statement V

If you recently purchased the property send your Recorded Deed

(If you are signing on behalf of the ow

Hold	Signs	Condi	Date	inspe	Wa	Gran ∏ Ye	IS P.	Perm	Perm		Prior t one pr marke	Setb Prior t	Setback Setback	Setb	Setb Setb	Setb	Seth			!	-^1					
Hold For Sanitary:	Structure of Inspector:	Condition(s): Town, May Mo	Date of Inspection:	Inspection Record:	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #:	Issuance Information (County Use Only) Permit Denied (Date):		Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed conner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the mi other previously surveyed corner or marked by a licensed surveyor at the owner's	ack to D	Setback from the East Lot Line	Setback from the South Lot Line Setback from the West Lot Line	ack fron	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way		Please co							
ary:	nspect 2	Mo	ction:	Cordi	Was Pa ed Buil	ariance	a Sub- ommo re Non	Š	Iform	(9)	nent or c	nent or o	to Septic T to Drain Fi	1 the E	n the S	n the N	n the C		(8) s						(5) S S S S S S S S S S S S S S S S S S S	below
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	a la	Attached? Tye			66		(Deed of Record) (Fused/Configuous Lot(s))	. 100 (0.00)	ا چ ا	on(s) omits Ex & Two Town,	feet but l	of the mi							te (1) - (7) above (prior to continuing) Setbacks: (measured to the closest point)			-	7	1	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fro All Existing Structures of (*) Well (W); (*) Septic (*) Lake; (*) River; (*) Slo (*) Wetlands; or (*) Slo	below: Draw or Sketch your Property (regardless of what you are applying for)
	John L	om 1	Inspected by:				ot(s))	Permit Date:	Reason for Denial:	of New pire On Family Village	ess than t	nimum re						Measurement	bint)						structi Plot Pla and (*) ructure (*) Sep (*) Sep or (*)	dless o
Hold For Affidavit:	3	22 °	by:						or Deni	Const e (1) Yo Dwellir City, S	hirty (30) Departm	iquired se						remen			+1		1 = =		ion Front: Es on y tic Tar Strees Slopes	fwhat
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	2	o be at			Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) ☐ Yes ⊀ No	Mitigation Required Mitigation Attached			Itake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	uired setb	m which t	Setback to Well	Elevation of Floodplain	Setback from Wetland 20% Slope Area on pro	Setback from the Bank or Bluff	from t		0					1/	Proposed Construction North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	
Hold	Shu	ttached.)			ines Re Wa	by Var			3	rain fie e if Con equired / also re	ack, the b	which the setback must be measured must be vis		odplai	etland on pr	ne Ban	ne Lake	0	Changes in plans must be approv		ع				Road)	
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	Pate of	resser	of Re	Zoning District	 	: - -	Affidavit Required Affidavit Attached		Sailledly Date.	Privy relling (must be a	e from one					٥		by the			l	8		(*) Privy (P)	
	Date of Approval:		Date of Re-Inspection:	id			uired ched			Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	measured of the stru	previousk			Yes			2	ed by the Planning & Zoning Dept.				Dayn Fred		(P)	
1	1 ja j	£ =	흑 -				□ Yes		***************************************	d Well	must be	y surveye			SE			Measurement	ng & Z							
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Bayfield County
Planning and Zonling Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) 100 C. 2000 FT

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Permit #: Date: Refund: 4125 1865 1865 1865 であった

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

What Type of Sewer/Sanitary System Water bedrooms Is on the property?

Proposed Use	۲	Proposed Structure	Dim	Dimensions	Square Footage
444444444444	\mathbf{x}	Principal Structure (first structure on property) 「かんしっかい。 See hour	145	×45,	これのた
		Residence (i.e. cabin, hunting shack, etc.)		×	ď
		with Loft	(×	
Residential Use		with a Porch		×	
		with (2 nd) Porch		×	
		with a Deck		×)
		with (2 nd) Deck		×	
☐ Commercial Use		with Attached Garage		×	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)		×	
		Mobile Home (manufactured date)		×	
		Addition/Alteration (specify)		×	
☐ Municipal Use	×	Accessory Building (specify) POLE DONNESSE COBONE		×	
		Accessory Building Addition/Aiteration (specify)		×)
Per'd for Issuance	œ				The state of the s
		Special Use: (explain)		×)
で で 2002年		Conditional Use: (explain)		×)
		Other: (explain)		×	}
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Secretarial Staff

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

If we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to they above described property at any reasonable time for the purpose of inspection,

Owner(s): Sak Hall All County in All County in Carterian or latter(s) of anithorization must accompany this application)

Date

MEDIA ALL County in All County in American or Latter(s) of anithorization must accompany this application)

(If there are Multiple Owners listed on the Deed All Owners must sign or land the Deed All Owners must sign of the must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

Address to send permit (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach

Copy of Tax Statement V

If you recently purchased the property send your Recorded Deed

Date

ASUL a KeShexe drive East

1 Shland Wi 54806

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

OE

III Jeon

Hold For Sanitary:

Hold For TBA

Hold For Affidavit:

Hald For Fees: